



Laura T. Beyer

Laura T. Beyer
United States Bankruptcy Judge

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION**

In re

BESTWALL LLC,¹

Debtor.

Chapter 11

Case No. 17-31795 (LTB)

**ORDER PURSUANT TO BANKRUPTCY RULE 2004 DIRECTING SUBMISSION OF
PERSONAL INJURY QUESTIONNAIRES BY PENDING MESOTHELIOMA
CLAIMANTS AND GOVERNING THE CONFIDENTIALITY OF RESPONSES**

This matter came before the Court on *Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants* (Dkt. 1236) (hereinafter, the "**Motion**"), filed by the above-captioned debtor and debtor-in-possession (the "**Debtor**" or "**Bestwall**").² Based upon a review of the Motion, the further submissions of the parties,³ the evidence presented, and the arguments of counsel at the

¹ The last four digits of the debtor's (the "**Debtor**" or "**Bestwall**") taxpayer identification number are 5815. The Debtor's address is 133 Peachtree Street, N.E., Atlanta, Georgia 30303.

² Capitalized terms not otherwise defined herein shall have the meanings given to them in the Motion.

³ The parties submitted the following with respect to the Motion: *Objection of the Official Committee of Asbestos Claimants to Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants* (Dkt. 1326); *Buck Law Firm's Clients' Joinder to Objection Filed by the Official Committee of Asbestos Claimants to Debtor's Motion for Order Pursuant to Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants* (Dkt. 1329); *Objection of the Future Claimants' Representative to Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants* (Dkt. 1331); *Joinder to Objection Filed by the Official Committee of Asbestos Claimants to Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants* (Dkt. 1333); *Reply in Support of Debtor's Motion for Order Pursuant to*

hearing before the Court on January 21, 2021, and for the reasons stated in the Court's bench ruling at the hearing on March 4, 2021 (which are incorporated herein by reference), the Court concludes that the Bestwall LLC Mesothelioma Claim Questionnaire (the "**Questionnaire**") is discovery relevant to estimation of the asbestos liability of the Debtor and the negotiation, formulation, and confirmation of a section 524(g) plan of reorganization that will be accepted by at least 75% of current asbestos claimants who vote on the plan (a "**Plan**") and hereby ORDERS, ADJUDGES, AND DECREES that:

1. This Court has jurisdiction over the Motion pursuant to 28 U.S.C. §§ 157 and 1334. The Motion is a core proceeding pursuant to 28 U.S.C. § 157.
2. The Motion is GRANTED on the terms and conditions set forth herein. All objections to the relief granted herein are OVERRULED. This Court has authority to order the use of the Questionnaire pursuant to Federal Rule of Bankruptcy Procedure 2004, and use of the Questionnaire is the most efficient way to proceed and avoid undue burden.
3. The Questionnaire attached to this Order as Exhibit A and incorporated herein by reference is approved; *provided, however*, that modifications to the Questionnaire may be made without further order of the Court on the written consent of Bestwall, Georgia-Pacific LLC

Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants (Dkt. 1352); *Buck Law Firm's Clients' Supplemental Objection to Debtor's Motion for Order Pursuant to Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants* (Dkt. 1507); *Supplement to the Objection of the Future Claimants' Representative to Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants* (Dkt. 1509); *Supplemental Brief and Objection of the Official Committee of Asbestos Claimants to (I) Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants and (II) Debtor's Motion for Bankruptcy Rule 2004 Examination of Asbestos Trusts* (Dkt. 1511); *Statement of Interest on Behalf of the United States of America Regarding Estimation of Asbestos Claims* (Dkt. 1557); *The Official Committee of Asbestos Claimants Response to United States Statement of Interest* (Dkt. 1581); *Debtor's Omnibus Supplemental Reply in Support of (I) Debtor's Motion for Bankruptcy Rule 2004 Examination of Asbestos Trusts and (II) Debtor's Motion for Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires By Pending Mesothelioma Claimants* (Dkt. 1565); *Supplement of the Future Claimants' Representative Regarding Due Process Issues* (Dkt. 1613); *The Official Committee of Asbestos Claimants' Post-Hearing Brief Regarding Estimation-Related Motions* (Dkt. 1614); *Debtor's Supplemental Brief on Discovery and Limiting Motions* (Dkt. 1615).

(“**New GP**”), the Official Committee of Asbestos Personal Injury Claimants (the “**ACC**”), and the Future Claimants’ Representative (the “**FCR**” and, collectively with the Debtor and the ACC, the “**Parties**”).

4. Every person who alleges a claim against Bestwall based on a diagnosis of mesothelioma on or before May 1, 2020 that arose, in whole or in part, from alleged exposure to joint compound products that (a) contained asbestos either as a constituent ingredient or an alleged contaminant and (b) were manufactured and sold by the Debtor or its predecessors (including the former Georgia-Pacific LLC (“**Old GP**”)) on or before December 31, 1977 (for purposes of this Order, a “**Pending Mesothelioma Claimant**,” and each claim asserted by such party, a “**Pending Mesothelioma Claim**”) is required to complete and return the Questionnaire, pursuant to the deadlines set forth in paragraph 5 below.

5. The following service procedures, deadlines, and requirements shall apply:

- a. On or before March 26, 2021, Donlin, Recano and Company, Inc., the Debtor’s claims, noticing, and balloting agent (the “**Claims Agent**”) shall serve a copy of the Questionnaire (with the list of products contained in the instructions) and this Order, via direct U.S. mail, postage prepaid, on counsel of record in underlying personal injury litigation for all Pending Mesothelioma Claimants indicated as such in Debtor’s claims database. Bestwall shall provide counsel with a list containing each mesothelioma claimant in Bestwall’s claims database represented by that firm with a claim status of “open,” “dismissed but not documented,” “inactive,” “resolved but not finalized,” or “settled but not documented,” listing the full name of the claimant and last four digits of his or her Social Security

number and assigning a unique numerical identifier (the “**Bestwall PIQ ID**”) to each such claimant. Pending Mesothelioma Claimants shall use the Bestwall PIQ ID, where available, in responding to the Questionnaire. Bestwall also shall serve a copy of the Questionnaire and this Order on any other counsel who (according to the Debtor’s claims database) have ever represented an asbestos claimant against the Debtor and whose addresses are reasonably available to the Debtor. Bestwall shall directly serve Pending Mesothelioma Claimants indicated as such in Debtor’s claims database and who are not represented by counsel if the identities and addresses of those claimants are known. Bestwall shall promptly file a certificate of service and provide the ACC and the FCR with an electronic copy of the service list. The Claims Agent shall offer a secure electronic portal for the completion of the Questionnaire (the “**Portal**”), including the ability to upload required or supporting documentation, and shall provide notice of the address for the Portal in the cover letter transmitting the Questionnaire to counsel. The Claims Agent shall provide the opportunity to download a copy of the Questionnaire (in fillable PDF form) and this Order from the Portal.

- b. Responses to the Questionnaire, whether in electronic or paper form, including all attachments thereto, and all trust claim forms submitted by Pending Mesothelioma Claimants pursuant to the Questionnaire or obtained from any asbestos personal injury trust (“**Trust**”) pursuant to the

optional authorization form incorporated in the Questionnaire,⁴ are referred to below as “**Questionnaire Responses.**”

- c. All Pending Mesothelioma Claimants may submit their Questionnaire Responses and any attachments in paper form or by uploading electronic copies of the responses through the Portal.
- d. If a Pending Mesothelioma Claimant chooses to submit the Questionnaire Response and any attachments through the Portal, he or she shall complete and submit the Questionnaire Response no later than July 26, 2021.
- e. If a Pending Mesothelioma Claimant chooses to submit the Questionnaire Response and any attachments in paper form, he or she shall complete and submit the Questionnaire Response and deposit it and any attachments in the U.S. Mail (prepaid), postmarked no later than July 26, 2021 (or received by hand delivery or overnight courier by that date), addressed as follows:

If sent by U.S. Mail, send to:

Donlin, Recano & Company, Inc.
Re: Bestwall LLC
P.O. Box 199043 Blythebourne Station
Brooklyn, NY 11219

If sent by hand delivery or overnight courier, send to:

Donlin, Recano & Company, Inc.
Re: Bestwall LLC
6201 15th Avenue
Brooklyn, NY 11219

⁴ The authorization form is set forth as Exhibit 1 to the Questionnaire and is entitled “Claimants’ Optional Authorization for Debtor’s Counsel to Obtain Trust Records.” It is referred to below in this Order as the “**Authorization.**”

- f. The Claims Agent shall produce all Questionnaire Responses to the Parties, their respective bankruptcy counsel and special counsel (the “**Bankruptcy Counsel**”), and their respective retained asbestos claims experts. The Claims Agent may make such production on a rolling basis as Questionnaire Responses are received.
- g. No Questionnaire Responses shall be disseminated or disclosed, whether in written or electronic form, to any person other than (i) the Parties; (ii) a law firm rendering legal services to a Party in connection with estimation of the Debtor’s asbestos liability or in negotiating, formulating, and confirming a Plan (the “**Permitted Uses**”) in this bankruptcy case, and each such law firm’s employees, agents, and representatives who are personally involved in rendering services in connection with the Permitted Uses; (iii) any Party’s consulting or testifying experts, and members of their staff, who are personally involved in rendering services to a Party in connection with the Permitted Uses; (iv) any person who testifies at a deposition or hearing in connection with the Permitted Uses, and for whose examination or cross-examination reference to a Questionnaire Response is relevant; (v) third-party service companies providing outside photocopying, graphic production services, or litigation support services to counsel or experts in connection with the Permitted Uses; (vi) the Claims Agent and any of its employees, agents, or representatives rendering services in connection with the Permitted Uses; (vii) the Court, including secretaries, judicial assistants, law clerks, and other clerical staff; and

(viii) court reporters, stenographers, or videographers who record deposition or other testimony in connection with the Permitted Uses; *provided, however*, that the right of access to Questionnaire Responses hereby conferred on the foregoing persons is subject to the conditions precedent set forth in paragraph 5.h. immediately below.

- h. Any person exercising a right of access to Questionnaire Responses granted by this Order shall thereby consent, and be deemed to consent, to be bound by this Order and shall thereby submit, and be deemed to submit, to the exclusive jurisdiction and venue of this Court for any dispute pertaining to the interpretation or enforcement of this Order. Without limitation of the generality of the foregoing sentence, as a condition of the right of access to Questionnaire Responses conferred by paragraph 5.g. above, every entity described in subparts (ii) through (viii) of paragraph 5.g. shall execute a joinder in the form annexed to this Order as Exhibit B.1 or Exhibit B.2. Exhibit B.1 shall be executed on the part of corporations, partnerships, companies, or firms whose employees, representatives, or agents will receive access to Questionnaire Responses in the performance of the firm's duties with respect to this bankruptcy case. Exhibit B.2 shall be signed in an individual capacity by individuals (such as witnesses or self-employed experts) who receive a right of access to Questionnaire Responses under paragraph 5.g. above in their individual capacities, rather than as employees, agents, or representatives of a firm.

i. Bestwall is authorized to serve subpoenas under Bankruptcy Rule 9016 on the Trusts listed in the Authorization form, and their claims processing facilities, to obtain claim forms pursuant to Authorizations returned as part of Questionnaire Responses. The subpoenas may request claim forms submitted to the Trusts or claims processing facilities by (i) claimants matching the last name and full social security number of the claimant or Injured Party contained in the Authorization, and (ii) claimants matching the claimant or Injured Party first or middle initial and last name and last four digits of the social security number in the Authorization (in both cases, deleting from last names and first or middle initial punctuation marks, prefixes (Mr., Miss, Ms., etc.), suffixes (Sr., Jr., III, IV, etc.), and any other words that do not constitute part of the name (“executor,” “deceased,” “dec,” etc.) but that may be contained in the name field, and also closing spaces between parts of a name (i.e., “Van” or “De”). An electronic signature on the Authorization submitted through the Portal or in other electronic form shall be treated as equivalent to a physical signature. The Trusts and claims processing facilities shall not be subject to any actions, claims, or demands by claimants or any other parties as a result of their good faith compliance with this Order, the subpoenas, and the matching protocol contained therein.

6. Questionnaire Responses shall be confidential in accordance with this Order and treated as such without need of any special designation by or on behalf of the responding Pending Mesothelioma Claimants. Any entity granted access to Questionnaire Responses as

provided in this Order must maintain the confidentiality of the same in a manner consistent with the obligations and restrictions imposed herein.

7. Pending Mesothelioma Claimants and the Parties shall have standing to enforce the protections afforded to Questionnaire Responses by this Order.

8. As a precautionary measure, but not as a precondition to protection, the Claims Agent shall stamp the first page of any written Questionnaire Responses with the following legend: “CONFIDENTIAL – SUBJECT TO CONFIDENTIALITY ORDER AND USE RESTRICTIONS.”

9. Any entity that receives access to Questionnaire Responses as provided in this Order shall provide for physical, managerial, and electronic security thereof such that Questionnaire Responses are reasonably maintained and secured, ensuring that they are safe from unauthorized access or use during utilization, transmission, and storage.

10. Except as otherwise ordered by the Court, the Questionnaire Responses, and any analyses, conclusions, summaries, excerpts, or redacted copies derived therefrom, and any knowledge obtained therefrom, shall be used only for purposes of the Permitted Uses.

11. For the avoidance of doubt, neither Questionnaire Responses nor any analyses, conclusions, summaries, excerpts, or redacted copies derived therefrom may be (a) publicly disclosed except pursuant to this Order; (b) used as a disclosed or undisclosed source in any article, study, research, editorial, publication, presentation or scholarly work, or in any lobbying, materials developed in connection with proposed legislation, or legislation; (c) incorporated into or merged with any preexisting database that is to be used or maintained for any purpose other than this bankruptcy case, or (d) used in connection with the defense or resolution of any asbestos personal injury claim outside of this bankruptcy case.

12. If Questionnaire Responses maintained or converted to electronic form are incorporated into or merged with any preexisting electronic information or database for purposes of this bankruptcy case (a “**Merged Database**”), the Merged Database must itself be treated as confidential to the same extent as the underlying Questionnaire Responses themselves, and shall be subject to the same use restrictions that this Order imposes on the Questionnaire Responses themselves. Any Merged Database relied upon by any expert submitting a report pursuant to Federal Rules of Bankruptcy Procedure 7026 or 9014 shall be produced to the other Parties no later than ten days after such report is served on the other Parties.

13. Nothing in this Order shall restrict any person’s right to make lawful use of:

- a. any discrete data set or materials that came into the possession of such person lawfully and free of any confidentiality obligation;
- b. any exhibit or other document that is placed on the public record in this bankruptcy case in conformity with the restrictions set forth in paragraph 14 below or the Agreed Protective Order Governing Confidential Information (Dkt. 337), or any data or material that is or becomes publicly available other than by a breach of this Agreement; or
- c. any discrete data set or materials developed by or on behalf of such person independent of any Questionnaire Responses.

14. If, in the course of this bankruptcy case, any Party intends to offer into evidence or otherwise use Questionnaire Responses in connection with testimony, argument, or filings in this Court, or any reviewing court, such Party shall provide at least ten days written notice to the Pending Mesothelioma Claimant or Pending Mesothelioma Claimants who provided the Questionnaire Response (via counsel, where applicable) and may not divulge Questionnaire

Responses except when the following conditions are met: (a) such information is relevant to this bankruptcy case; (b) there is no reasonable manner to use such information without disclosing Questionnaire Responses; and (c) such Party has redacted or filed a proper motion to seal (or, in the case of categories (iii) and (vi) sought Court approval through a motion with notice to affected Pending Mesothelioma Claimants to introduce) (i) Social Security numbers (except last four digits), (ii) dates of birth (except year), (iii) names and addresses of claimant, claimant family members, and identifiable minors (except for their initials), (iv) financial account numbers (except last four digits), (v) medical information (except claimed disease, such as ‘pleural mesothelioma,’ ‘peritoneal mesothelioma,’ and diagnosis date), and (vi) settlement amounts. Nothing herein shall prohibit an expert for any Party from using or referring to Questionnaire Responses in such expert’s report, or testifying concerning Questionnaire Responses in open court, so long as such testimony or report does not reveal the information described in categories (i) through (vi) of the previous sentence, and further, no notice to Pending Mesothelioma Claimants or their counsel is required and such testimony or report may refer to settlement amounts so long as they are not linked to a claimant or law firm.

15. If an entity granted access to Questionnaire Responses pursuant to this Order receives a subpoena, interrogatory, or other request for the production or disclosure of any Questionnaire Response, in whole or in part, to a third party (a **“Third-Party Discovery Demand”**), including a governmental or other regulatory body, such entity (a **“Discovery Target”**) shall provide prompt written notice of any such request or requirement to the Pending Mesothelioma Claimant or Pending Mesothelioma Claimants who provided the information requested (via counsel, where applicable), with copies to counsel to the Parties, so that any of them may seek a protective order or other appropriate remedy or waive compliance with the

provisions of this Order. Pending a timely effort to obtain such a protective order or other remedy to prevent the requested production or disclosure, or written waiver by the Pending Mesothelioma Claimant and each of the Parties of the right to seek such an order or remedy, the Discovery Target shall interpose an objection to the Third-Party Discovery Demand on the basis of this Order. If a motion for protective order is filed in this Court, a Discovery Target's obligations to comply with such Third-Party Discovery Demand are stayed and the Discovery Target shall be restrained from providing Questionnaire Responses to such third party.

16. Within the one-year anniversary of the date of substantial consummation of a confirmed chapter 11 plan of reorganization for the Debtor (a "**Plan**"), each entity that has received Questionnaire Responses shall destroy such Questionnaire Responses, including all physical copies and all electronically stored versions thereof, in a commercially reasonable manner and continue to be bound by the terms and obligations imposed by this Order, and shall certify such destruction in writing to respective counsel of record for Debtor, the Reorganized Debtor, the ACC, and the FCR; *provided, however*, that the obligations of this paragraph shall not apply to copies of pleadings and exhibits filed under seal with this Court, or to file copies in the possession of counsel of record for the Pending Mesothelioma Claimants or for the Parties of papers prepared in connection with this bankruptcy case (*e.g.*, pleadings, transcripts, interview or document summaries, internal memoranda, written communications with professionals, experts, and witnesses, depositions and exhibits thereto, court papers, and other papers prepared, created, or served in connection with this bankruptcy case); and *provided further* that the obligations of this paragraph may be superseded and rendered inoperative if and to the extent that a confirmed Plan specifically authorizes a particular entity to turn over Questionnaire Responses to an asbestos settlement trust created pursuant to the Plan.

17. Any person who seeks relief from any provision of this Order shall do so by motion in this Court on notice to the Parties and the Pending Mesothelioma Claimants potentially affected by the relief sought. The movant shall bear the burden of showing good cause for the requested relief.

18. This Court shall retain exclusive jurisdiction to interpret, apply, and enforce this Order to the full extent permitted by law.

This Order has been signed electronically.
The Judge's signature and court's seal
appear at the top of the Order

United States Bankruptcy Court

Exhibit A (Questionnaire)

Bestwall LLC Mesothelioma Claim Questionnaire

PURPOSE OF QUESTIONNAIRE

The U.S. Bankruptcy Court for the Western District of North Carolina has authorized Bestwall LLC (“**Bestwall**” or the “**Debtor**”), a successor in interest to the former Georgia-Pacific LLC (“**Old GP**”), to issue this Bestwall Mesothelioma Claim Questionnaire (“**Questionnaire**”) to every person who alleges a claim against Bestwall based on a diagnosis of mesothelioma on or before May 1, 2020 (a “**Pending Mesothelioma Claimant**”) that arose, in whole or in part, from alleged exposure to joint compound products that (a) contained asbestos either as a constituent ingredient or an alleged contaminant (for example, allegedly asbestos-containing talc) and (b) were manufactured and sold by the Debtor or its predecessors (including Old GP) on or before December 31, 1977 (the “**Pre-1978 Joint Compound Products**”). The Pre-1978 Joint Compound Products are the following products manufactured at various times by the former Bestwall Gypsum Co. (“**Old Bestwall**”) between 1956 and 1965 or Old GP between 1965 and 1977:

- All Purpose Joint Compound (manufactured by Old GP)
- Bedding Compound (manufactured by Old Bestwall, Old GP)
- Central Mix (manufactured by Old GP)
- Ready Mix (manufactured by Old Bestwall, Old GP)
- Joint Compound (manufactured by Old Bestwall, Old GP)
- Speed Set/One Day (manufactured by Old Bestwall, Old GP)
- Topping Compound (manufactured by Old Bestwall, Old GP)
- Triple Duty Joint Compound (manufactured by Old GP)

Each person meeting these qualifications is referred to below in this Questionnaire as a “Pending Mesothelioma Claimant.”

The Debtor is pursuing reorganization in a Chapter 11 case in the Bankruptcy Court, referred to as *In re Bestwall LLC*, Case No. 17-31795 (Bankr. W.D.N.C.). The Bankruptcy Court has granted the Debtor’s motion under Federal Rule of Bankruptcy Procedure 2004 to issue this Questionnaire.

The purpose of this discovery is to obtain complete and up-to-date information about each Pending Mesothelioma Claim with respect to the topics noted below. If you are a Pending Mesothelioma Claimant, you must provide accurate, complete, and timely responses to this Questionnaire.

All information provided in response to this Questionnaire will be treated as confidential. The uses and further disclosure of such information shall be restricted in accordance with the *Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants and Governing the Confidentiality of Responses*, dated _____, 2021 (the “**Order**”). A copy of that Order [Dkt. No. ____] is provided with this Questionnaire.

INFORMATION FOR PENDING MESOTHELIOMA CLAIMANTS

If you are a Pending Mesothelioma Claimant, you are directed to complete and submit this Questionnaire on or before July 26, 2021.

You may upload your completed Questionnaire responses and any attachments electronically through an electronic portal (the “**Portal**”) supported by Donlin, Recano and Company, Inc., whom the Debtor has retained as its Claims Administrator. Access to this system and upload instructions are available at <https://www.donlinrecano.com/bestwall-piq-form>. If you elect to upload your responses and any attachments electronically, please do so on the Portal no later than July 26, 2021.

You may submit your Questionnaire electronically on the Portal in one of two ways. First, you may submit your Questionnaire by using the field-by-field submission form available on the Portal and uploading any attachments. Second, you may upload a Questionnaire completed offline and any attachments on the Portal. To facilitate this second option, a fillable PDF version of the Questionnaire is available for download from the Portal, in which you may type responses to the Questionnaire if you choose.

In the alternative, you have the option of submitting your completed Questionnaire responses and any attachments by mail. If this is your preference, please deposit your completed Questionnaire, along with any attachments, in the U.S. Mail (and include the required postage) postmarked no later than July 26, 2021, or received by hand delivery or overnight courier by that date, addressed as follows:

If sent by U.S. Mail, send to:

Donlin, Recano & Company, Inc.
Re: Bestwall LLC
P.O. Box 199043 Blythebourne Station
Brooklyn, NY 11219

If sent by hand delivery or overnight courier, send to:

Donlin, Recano & Company, Inc.
Re: Bestwall LLC
6201 15th Avenue
Brooklyn, NY 11219

Counsel for each Pending Mesothelioma Claimant listed as such in the Debtor’s database has been provided a unique numerical identifier for such claimant (the “**Bestwall PIQ ID**”). If counsel has received such a number, please insert it where requested in the Questionnaire and in the online Portal submission (if submitted online).

LIST OF QUESTIONNAIRE SECTIONS AND INSTRUCTIONS

INDUSTRY CODES

- Contains reference codes for industry in which alleged exposure occurred for use in completing Part 6.

PART 1: STATUS OF BESTWALL CLAIM

- Provide information about the status of the Pending Mesothelioma Claimant's claim against Bestwall. If you are not a Pending Mesothelioma Claimant, but are listed as such in the Debtor's database and thus receive a unique numerical identifier, you must answer this section and complete Parts 2, 3, and 4, but you are not required to answer the rest of the Questionnaire.

PARTS 2, 3, 4: INJURED PARTY INFORMATION, RELATED CLAIMANT INFORMATION, LAW FIRM INFORMATION

- In Part 2, provide identifying information for the person diagnosed with mesothelioma (the "**Injured Party**").
- Only complete Part 3 if the claimant (the plaintiff) is a "Related Claimant," rather than the Injured Party. Provide identifying information for the Related Claimant, including the Related Claimant's relationship to the Injured Party.
- As used in this Questionnaire, the term "Related Claimant" means a person who is not the Injured Party but who is making a claim based on or derived from the Injured Party's mesothelioma, either in a representative capacity (e.g., the personal representative of the Injured Party's estate suing for the Injured Party's injuries), or in an independent capacity (e.g., a family member suing for his or her own losses based on the alleged personal injury to or wrongful death of the Injured Party).
- As used in this Questionnaire, "claimant" means the Pending Mesothelioma Claimant, whether the Injured Party or the Related Claimant.
- In Part 4, provide contact information for the law firm that represents the claimant in responding to the Questionnaire. Also provide the identity of any other law firms that represent the claimant with respect to asbestos claims, whether in lawsuits, in making claims against trusts established to pay claims against bankrupt asbestos defendants ("**Trusts**"), or otherwise.

PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS

- Provide diagnosis information related to the alleged injury and/or death of the Injured Party.
- *See* Part 11 below for required documents.

PART 6: ALLEGED EXPOSURE

- In Part 6A, identify whether the claimant alleges the Injured Party was exposed to asbestos from Pre-1978 Joint Compound Products. Then, answer the questions with respect to the Injured Party's occupational and non-occupational alleged exposures to asbestos from Pre-1978 Joint Compound Products.
- In Part 6B, answer the questions with respect to the Injured Party's occupational and non-occupational alleged exposures to asbestos from all products for which Bestwall is not responsible ("**Other Exposure(s)**") (including products such as talc alleged to contain asbestos that may not have been intentionally added). The products for which Bestwall is responsible are the same products for which Old GP was responsible.
- In Part 6, "secondary" exposure means alleged exposure when another person who worked with or around asbestos-containing products (the "**Primary Exposed Person**") brought home asbestos fibers on his or her clothes. In the case of secondary exposure, list information for jobs and non-occupational

contexts where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure.

- See below for "Option to Respond by Producing Documents," and Part 11 for required documents.

PART 7: INJURED PARTY'S ECONOMIC LOSS INFORMATION

- Provide the information requested in Part 7 regarding the Injured Party's alleged economic losses and dependents.
- See below for "Option to Respond by Producing Documents," and Part 11 for required documents.

PART 8: LITIGATION AND OTHER CLAIMS RELATED TO THE INJURED PARTY'S ALLEGED ASBESTOS EXPOSURE

- Provide the information requested in Part 8 regarding all payments received from Trusts and entities that are not Trusts (e.g., other defendants).
- Then, for every lawsuit based on the Injured Party's mesothelioma (or any other asbestos-related condition, whether or not Bestwall or Old GP was a defendant in the lawsuit), provide the requested information in Part 8A and complete Tables A, B, and C.
- See below for "Option to Respond by Producing Documents," and Parts 10 and 11 for required documents.

OPTION TO RESPOND BY PRODUCING DOCUMENTS (APPLICABLE TO PARTS 6, 7, AND 8)

- In lieu of providing a written response to Part 6, 7, or 8, or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

PART 9: CERTIFICATION

- Either the claimant or the claimant's attorney must sign the appropriate certification.

PART 10: ATTACHMENT OF TRUST CLAIM FORMS

- The claimant must submit copies of all Trust claim forms submitted by or on behalf of the claimant or Injured Party to Trusts listed in Table B (or the electronic equivalent if submitted electronically), along with any attached documents such as deposition transcripts, affidavits, invoices, etc. Alternatively, the claimant may execute the authorization attached as Exhibit 1 for Bestwall to obtain the claim forms and their attachments directly from the Trusts.

PART 11: ATTACHMENT OF OTHER CASE DOCUMENTS REQUIRED

- If in the possession of the claimant or claimant's counsel, the claimant must attach copies of the following documents or upload them through the Portal:
 - o All depositions taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party's alleged exposures to asbestos or asbestos-containing products;
 - o All written discovery (including interrogatories and responses to requests for admission) you or your attorney have answered on your behalf in any of the lawsuits listed in Part 8A;
 - o All expert reports produced by any party in any lawsuit listed in Part 8A;
 - o Social Security printout and copy of union employment records (where applicable); and
 - o Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma.

Industry Codes (use when completing Part 6)			
Code	Industry	Code	Industry
I-1	Non-occupational/do-it-yourself (DIY)	Transportation	
Mining/extraction I-2 Asbestos mining I-3 Non-metallic mining other than asbestos I-4 Metal ore mining I-5 Oil and gas extraction		I-19	Truck transportation
		I-20	Rail transportation
		Utilities and waste management services	
		I-21	Electric and gas utilities and distribution
Construction I-6 Construction (residential) I-7 Construction (commercial) I-8 Construction (industrial) I-9 Municipal/infrastructure construction		I-22	Water, sewer, steam, air-conditioning, heating, and irrigation systems
		I-23	Sewage and water treatment facilities
		I-24	Asbestos abatement
		Military	
Manufacturing/repairing I-10 Asbestos product manufacturing I-11 Textile, yarn, thread, fabric, and knitting mills/manufacturing I-12 Pulp, paper, and paperboard mills/manufacturing I-13 Chemical/petroleum refining I-14 Cement, concrete, lime, and gypsum/drywall products manufacturing I-15 Blast furnaces and steel mills I-16 Iron, aluminum, and other metals foundries/mills/manufacturing I-17 Ship and boat building and repairing I-18 Motor vehicles and motor vehicle equipment manufacturing		I-25	U.S. Navy
		I-26	Other Armed Forces, Military Reserves, or National Guard Branch
		Other services and professionals	
		I-27	Automotive repair and maintenance
		I-28	Gasoline stations
		I-29	Commercial and industrial machinery and equipment repair and maintenance
		I-30	Architectural, engineering, and related services
		Other	
		I-31	Other (describe; use for any other industry in categories above or in any other category)

Bestwall LLC Mesothelioma Claim Questionnaire

PART 1: STATUS OF BESTWALL CLAIM

Bestwall PIQ ID (if applicable): _____

Select the status of your claim against Bestwall:

- ☐ Pending and alleges exposure to asbestos from the Pre-1978 Joint Compound Products
- ☐ Would have been filed absent bankruptcy stay and alleges exposure to asbestos from the Pre-1978 Joint Compound Products
- ☐ Pending and does not allege exposure to asbestos from the Pre-1978 Joint Compound Products
- ☐ Dismissed or withdrawn
- ☐ Settled and paid If so, amount of settlement with Bestwall/Old GP: \$ _____
- ☐ Settled and unpaid If so, amount of settlement with Bestwall/Old GP: \$ _____
- ☐ Resolved by judgment If so, amount of judgment against Bestwall/Old GP: \$ _____
- ☐ Not based on a diagnosis of mesothelioma
- ☐ I do not assert a claim against Bestwall
- ☐ Other (specify): _____

If you checked any box other than “Pending and alleges exposure to asbestos from the Pre-1978 Joint Compound Products” or “Would have been filed absent bankruptcy stay and alleges exposure to asbestos from the Pre-1978 Joint Compound Products,” **you do not have to answer the remainder of this Questionnaire other than Parts 2, 3, and 4.**

PART 2: INJURED PARTY INFORMATION (See instructions above for Part 2 for definition of “Injured Party”)

Last Name: _____

First Name: _____

Middle Initial: _____ Suffix: _____

Date of Birth: _____ Sex: _____
(mm/dd/yyyy) (M/F)

Social Security Number: _____

Foreign Tax ID: _____
(if applicable)

Estate Tax ID: _____
(if applicable)

Place of Residence

City: _____

State: _____

Postal Code: _____

Country: _____
(if outside the US)

Country of birth: _____

Date immigrated to United States: _____
(if applicable)

PART 3: RELATED CLAIMANT INFORMATION (if different than INJURED PARTY)

(See instructions above for Part 3 for definition of "Related Claimant")

Last Name: _____

First Name: _____

Middle Initial: _____ Suffix: _____

Date of Birth: _____ Sex: _____
(mm/dd/yyyy) (M/F)

Social Security Number: _____

Foreign Tax ID: _____
(if applicable)

Place of Residence

City: _____

State: _____

Postal Code: _____

Country: _____
(if outside the US)

Relationship to Injured Party:

Additional Related Claimants (use additional copies of this page to provide information above for such claimants):

PART 4: LAW FIRM INFORMATION

Name of Firm Responding to Questionnaire:

Name of Firm Contact:

Phone No: _____
(Area Code) ###-####

Email: _____

Firm Mailing or Street Address:

City: _____

State: _____

Zip Code: _____

Other Law Firms That Represent Claimant with Respect to Asbestos Claims (whether in lawsuits, in making claims against Trusts, or otherwise):

PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS *(Required documents should be provided in Part 11)*

Has the Injured Party been diagnosed with Mesothelioma? ☐ Yes ☐ No

Date of first diagnosis of Mesothelioma (mm/dd/yyyy): _____

Is the Injured Party deceased? (Y/N) _____

If so, Date of Death (mm/dd/yyyy): _____

Has the Injured Party been diagnosed with a different asbestos-related condition at any time? (Y/N): _____ If so, identify the condition:

Type of Mesothelioma:

☐ Pleural

☐ Peritoneal

☐ Testicular or ovarian

☐ Pericardial

☐ Other. If Other, identify:

PART 6A: ALLEGED EXPOSURE TO PRE-1978 JOINT COMPOUND PRODUCTS

INSTRUCTIONS: Answer the question regarding the Injured Party's alleged exposure to the Pre-1978 Joint Compound Products as defined above in "Purpose of the Questionnaire" ("**Bestwall Exposure**"). Then, complete a separate section for every job in which claimant alleges Bestwall Exposure, as well as any site where claimant alleges non-occupational Bestwall Exposure. Use as many copies of the following two pages as necessary to answer for all jobs and non-occupational sites where alleged Bestwall Exposure occurred, and assign a number for each job or non-occupational site (exposure may be alleged at multiple job sites and/or multiple non-occupational sites). In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure during the periods when the Secondary Exposed Person claims exposure.

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Does claimant allege Bestwall Exposure? ☐ Yes ☐ No

ALLEGED BESTWALL EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # _____)

Type of alleged exposure (check one and only one):

☐ Occupational: Injured Party experienced Bestwall Exposure because of his or her job (whether full-time or part-time)

☐ Non-occupational: Injured Party experienced Bestwall Exposure for reasons unrelated to his or her job

☐ Secondary: Injured Party alleges contact with someone who experienced Bestwall Exposure

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

How did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person? _____

Employer (if applicable; for Secondary, list Primary Exposed Person's employer):

City: _____

State: _____

Country: _____

Sites of Bestwall Exposure (i.e., name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:

City: _____

State: _____

Country: _____

Site 2:

City: _____

State: _____

Country: _____

Site 3:

City: _____

State: _____

Country: _____

Site Type(s) (check all that apply): ☐ Industrial ☐ Commercial ☐ Residential ☐ Other (describe):

If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if "Other," please describe), Start & End Dates (mm/dd/yyyy), and Bestwall Exposure Dates (mm/dd/yyyy) for each occupation. Use additional pages if necessary.

Occupation 1: _____ Industry Code: I-_____ If other, describe

Start Date: _____ End Date: _____

Bestwall Exposure Dates: _____ to _____

Occupation 2: _____ Industry Code: I-_____ If other, describe

Start Date: _____ End Date: _____

Bestwall Exposure Dates: _____ to _____

Occupation 3: _____ Industry Code: I-_____ If other, describe

Start Date: _____ End Date: _____

Bestwall Exposure Dates: _____ to _____

Brand names of asbestos-containing products resulting in Bestwall Exposure if known (see above):

Please indicate the nature of the Injured Party's Bestwall Exposure separately for each exposure (check all that apply and describe how frequently each activity occurred; for secondary exposure, check boxes and answer questions with respect to Primary Exposed Person), and use additional pages if necessary:

Frequency:

☐ Personally mixed asbestos-containing joint compound _____

☐ Personally sanded asbestos-containing joint compound _____

☐ Personally cleaned up asbestos-containing joint compound after sanding _____

☐ Was within 10 feet of another who was mixing asbestos-containing joint compound _____

☐ Was within 10 feet of another who was sanding asbestos-containing joint compound _____

☐ Was within 10 feet of another who was cleaning up asbestos-containing joint compound after sanding _____

☐ Was on site, 10 feet or more away from others who were mixing, sanding, or cleaning up asbestos-containing joint compound _____

☐ Was in proximity of others who were mixing, sanding, or cleaning up asbestos-containing joint compound but whether such proximity was within 10 feet or greater than 10 feet away from such activity is unknown _____

☐ Other exposure (please specify nature of exposure): _____

PART 6B: ALLEGED OTHER EXPOSURES

INSTRUCTIONS: In this section, identify each job or non-occupational site at which the Injured Party allegedly experienced Other Exposure, as such term is defined in the Instructions above. Use as many copies of this page as necessary to answer for all jobs and non-occupational sites where alleged Other Exposure occurred (exposure may be alleged at multiple job sites and/or multiple non-occupational sites), and assign a number for each job or non-occupational site. In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure during the periods when the Secondary Exposed Person claims exposure.

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 of the instructions, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

OTHER EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # _____)

Type of alleged exposure (check one and only one):

☐ Occupational: Injured Party experienced Other Exposure(s) because of his or her job (whether full-time or part-time)

☐ Non-occupational: Injured Party experienced Other Exposure(s) for reasons unrelated to his or her job

☐ Secondary: Injured Party alleges contact with someone who experienced Other Exposure(s)

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

How did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person? _____

Employer (if applicable; for Secondary, list Primary Exposed Person's employer):

City: _____

State: _____

Country: _____

Sites of Other Exposure (i.e., name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:

City: _____

State: _____

Country: _____

Site 2:

City: _____

State: _____

Country: _____

Site 3:

City: _____

State: _____

Country: _____

If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if “Other,” please describe), Start & End Dates (mm/dd/yyyy), and Other Exposure Dates (mm/dd/yyyy) for each occupation.

Occupation 1: _____ Industry Code: I-_____ if other, describe
 Start Date: _____ End Date: _____
 Other Exposure Dates: _____ to _____

Occupation 2: _____ Industry Code: I-_____ if other, describe
 Start Date: _____ End Date: _____
 Other Exposure Dates: _____ to _____

Occupation 3: _____ Industry Code: I-_____ if other, describe
 Start Date: _____ End Date: _____
 Other Exposure Dates: _____ to _____

Occupation 4: _____ Industry Code: I-_____ if other, describe
 Start Date: _____ End Date: _____
 Other Exposure Dates: _____ to _____

Occupation 5: _____ Industry Code: I-_____ if other, describe
 Start Date: _____ End Date: _____
 Other Exposure Dates: _____ to _____

For each exposure, describe the activity, including the allegedly asbestos-containing product or products involved and how frequently each activity occurred, that resulted in Other Exposure (for Secondary, list activity that resulted in exposure of Primary Exposed Person), and use additional pages if necessary:

If not otherwise identified in attached documents and Trust claim forms, identify any products that resulted in Other Exposure (e.g., insulation, cement, etc.) and, if known, the company that supplied each product:

PART 7: INJURED PARTY ECONOMIC LOSS INFORMATION

INSTRUCTIONS: Provide the following information. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Was/Has the Injured Party retired? (Y/N): ____ If yes, date of retirement: (mm/dd/yyyy): _____

If *not retired*, answer the following for current activity; if retired, answer the following for activity at retirement date:

Occupation: _____ State: _____

Industry: _____ County: _____

Was the Injured Party employed at the time of diagnosis? (Y/N): _____

If yes, answer the following:

Occupation: _____ State: _____

Industry: _____ County: _____

Planned date of retirement but for diagnosis: (mm/dd/yyyy): _____

Did the Injured Party leave employment after the diagnosis? (Y/N): _____

If yes, date on which Injured Party left employment: (mm/dd/yyyy): _____

Does the claimant allege lost wages, lost Social Security, or lost pension? (Y/N): ____ Amount if known: _____

Does the claimant allege lost household services? (Y/N): ____ Amount if known: _____

Does the claimant seek to recover medical expenses? (Y/N): ____ Amount if known: _____

Does the claimant allege any economic loss other than lost wages, lost household services, and medical expenses? (Y/N/Unknown): _____

If yes, describe: _____

Amount if known: _____

The Injured Party's Current Marital Status (check one): ☐ Single, Never Married ☐ Married ☐ Divorced
☐ Widowed ☐ Marriage Annulled ☐ Legally Separated ☐ Other (specify): _____

If married, age of spouse: _____

Please provide information on each non-spouse dependent

Dependent	Disabled? (Y/N)	Age	Dependent	Disabled? (Y/N)	Age
Dependent 1	_____	_____	Dependent 6	_____	_____
Dependent 2	_____	_____	Dependent 7	_____	_____
Dependent 3	_____	_____	Dependent 8	_____	_____
Dependent 4	_____	_____	Dependent 9	_____	_____
Dependent 5	_____	_____	Dependent 10	_____	_____

PART 8: LAWSUITS AND OTHER CLAIMS BASED ON THE INJURED PARTY'S MESOTHELIOMA (OR OTHER ASBESTOS-RELATED CONDITION)

INSTRUCTIONS: Answer the questions regarding payments received by the claimant. Then, use additional copies of the following page **AND** associated **TABLE A** for **EACH LAWSUIT** seeking compensation based on the Injured Party's mesothelioma (or a separate lawsuit alleging another asbestos-related condition), whether or not (1) Bestwall, Old GP, or Georgia-Pacific LLC was named as a defendant, or (2) the lawsuit remains pending. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Provide the total aggregate amount of all payments received by the claimant from all Trusts on account of the Injured Party's mesothelioma:

Provide the total number of Trusts from which the claimant has received a payment on account of the Injured Party's mesothelioma:

Provide the total aggregate amount of all payments received by the claimant from all entities that are not Trusts, such as tort system defendants, on account of the Injured Party's mesothelioma

Provide the total number of non-Trust entities from which the claimant has received a payment on account of the Injured Party's mesothelioma:

PART 8A: LAWSUITS BASED ON THE INJURED PARTY'S MESOTHELIOMA (OR SEPARATE LAWSUIT BASED ON ANOTHER ASBESTOS-RELATED CONDITION)

LAWSUIT # _____ -of - _____ (For example, Lawsuit #1 of 3 related lawsuits. Use additional copies of this page to complete the section separately for each related lawsuit.)

What is the capacity of the claimant *(select and fill out for all that apply)*?

☐ Injured Party ☐ Personal Representative/Executor ☐ Dependent Child
☐ Spouse of Injured Party ☐ Wrongful Death Claimant ☐ Other (please specify): _____

State (list state): _____ Federal court? (Y/N): _____

What state county/subdivision or federal district court: _____

Case Number / Docket Number: _____ Date first filed: _____

Trial Information

Has this claim been resolved either in whole or in part by trial? (Y/N): _____

If yes, please provide further information about the trial:

Was a verdict entered? (Y/N): _____

If a verdict was entered, please provide further information about the verdict:

When was the verdict entered? (mm/dd/yyyy): _____

Was it a plaintiff verdict or a defense verdict? _____

If a plaintiff verdict, please answer the following:

Which defendants were found liable?

What was the allocation of fault or damages?

Was there a monetary award to plaintiff (Y/N)? _____

If yes, what was the award of compensatory damages? _____

Is the case on appeal? (Y/N): _____

Complete **attached TABLE A** for all defendants named in this lawsuit

TABLE A

NAMED DEFENDANTS AGAINST WHICH A LAWSUIT FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH HAS BEEN FILED

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

LAWSUIT # _____ -of- _____ (fill in appropriate lawsuit # from PART 8A)

RELATED CASE NUMBER _____ (fill in appropriate Case Number from PART 8A)

Named Defendant	Claim Status	Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)
1	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
2	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
3	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
4	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

5	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
6	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
7	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
8	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
9	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
10	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

11	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
12	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
13	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
14	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
15	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
16	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

17	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
18	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
19	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
20	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
21	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
22	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

Note: If more space is required, use additional pages

PART 8B: OTHER CLAIMS RELATED TO THE INJURED PARTY (Information About Claims against Bankruptcy Trusts and Other Entities)

INSTRUCTIONS: Complete attached Table B (claims against bankruptcy trusts) and attached Table C (claims against other entities not previously identified in Table A or Table B) for all such claims based on the Injured Party's mesothelioma or other asbestos-related condition. You must provide information relating to claims against Trusts and against other entities made by or on behalf of the claimant or the Injured Party. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

TABLE B

BANKRUPTCY TRUSTS AGAINST WHICH A CLAIM HAS BEEN FILED FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH

	Claim Has Been Filed	Claim Status (check all applicable)	Payment Date (or, if not paid, Resolution Date)
A&I Corporation Asbestos Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
A-Best Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
AC&S Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Amatex Asbestos Disease Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
APG Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
API, Inc. Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Armstrong World Industries Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ARTRA 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ASARCO LLC Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Bartells Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Brauer 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Burns and Roe Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
C. E. Thurston & Sons Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Celotex Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Christy Refractories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Combustion Engineering 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Congoleum Plan Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
DII Industries, LLC Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Durabla Manufacturing Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Eagle-Picher Industries Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Federal Mogul U.S. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Flintkote Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Forty-Eight Insulations Qualified Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Fuller-Austin Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
G-I Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
GST Settlement Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
H. K. Porter Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Hercules Chemical Company, Inc. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
J.T. Thorpe Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
JT Thorpe Company Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Kaiser Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Keene Creditors Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Leslie Controls, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Lykes Tort Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
M. H. Detrick Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Manville Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Metex Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Motors Liquidation Company Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Muralo Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
NGC Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
North American Refractories Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Plant Insulation Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
PLI Disbursement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Plibrico Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Porter Hayden Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Quigley Company, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Raytech Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Rock Wool Mfg Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Rutland Fire Clay Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Shook & Fletcher Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Skinner Engine Co. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
SPHC Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
State Insulation Corporation Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Stone and Webster Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Swan Asbestos and Silica Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Thorpe Insulation Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United Gilsonite Laboratories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Gypsum Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Mineral Products Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
UNR Asbestos-Disease Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Utex Industries, Inc. Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Wallace & Gale Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Western MacArthur-Western Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
WRG Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Yarway Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

TABLE C

OTHER ENTITIES AGAINST WHICH A CLAIM FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH HAS BEEN ASSERTED OUTSIDE OF JUDICIAL PROCEEDINGS OR TRUST PROCESSES, OR AGAINST WHICH CLAIMANT'S LAW FIRM PRESENTLY INTENDS TO ASSERT A CLAIM UNDER AN ADMINISTRATIVE AGREEMENT

Company or Other Party	Claim Status			Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)
1	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
2	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
3	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
4	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
5	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
6	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
7	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
8	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
9	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
10	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
11	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
12	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
13	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
14	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
15	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
16	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
17	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
18	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
19	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
20	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
21	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
22	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
23	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
24	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
25	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	

Note: If more space is required, use additional pages

PART 9: CLAIM CERTIFICATION

INSTRUCTIONS: This certification must be signed by either the Injured Party/Related Claimant or by the attorney for such party but need not be signed by both.

If Completed By Claimant:

I swear, under penalty of perjury, that, to the best of my knowledge, all of the information contained in the foregoing responses to this Questionnaire is true, accurate and complete as of the date hereof.

Signature

Date

Print Name

If Completed By Attorney:

I acknowledge that by submitting the foregoing responses to this Questionnaire on behalf of my client, I am making the certifications contained in Rule 9011(b) of the Federal Rules of Bankruptcy Procedure.

Signature

Date

Print Name

Law Firm

PART 10: TRUST CLAIM FORMS

Attach copies of all Trust claim forms submitted by or on behalf of the claimant or Injured Party to Trusts listed in Table B, as well as all attachments to such claim forms, such as deposition transcripts, affidavits, invoices, etc. Alternatively, the claimant may execute the form attached as Exhibit 1 to authorize a law firm representing Bestwall to obtain from Trusts any claim forms submitted to a Trust by or on behalf of the claimant or Injured Party, as well as any attached documents. This requirement applies only to claim forms submitted to one or more Trusts (or the equivalent information as to trust claims that you filed with trusts electronically).

PART 11: ATTACHMENT OF OTHER CASE DOCUMENTS REQUIRED

Attach copies of the following documents in your possession or in the possession of your counsel:

- a. All depositions taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party's alleged exposures to asbestos or asbestos-containing products
- b. All written discovery (including interrogatories and responses to requests for admission) you or your attorney have answered on your behalf in any of the lawsuits listed in Part 8A
- c. All expert reports produced by any party in any lawsuit listed in Part 8A
- d. Social Security printout and copy of union employment records (where applicable)
- e. Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma

Exhibit 1: Claimants' Optional Authorization for Debtor's Counsel to Obtain Trust Records

TO WHOM IT MAY CONCERN:

The Claimant named below hereby authorizes each Trust listed in the attachment hereto to provide a copy of any claim form submitted to such Trust as well as all documents attached to the form by or on behalf of such Claimant (or the equivalent information as to Trust claims filed with Trusts electronically) to the law firm of Robinson, Bradshaw & Hinson, P.A. ("Robinson Bradshaw") in its capacity as counsel to Bestwall LLC in its chapter 11 case, docketed as Case No. 17-BK-31795 (Bankr. W.D.N.C.) (the "Bankruptcy Case").

The Claimant has elected to provide this Authorization pursuant to the Order Authorizing the Debtors to Issue Questionnaire to Holders of Pending Mesothelioma Claims and Governing the Confidentiality and Use of Information Provided in Responses, entered in the Bankruptcy Case on _____, 2021 [Dkt. No. ____] (the "Questionnaire Order"). The Claimant expressly reserves his or her right to all of the protections of the Questionnaire Order, including, without limitation, the restrictions set forth therein on the uses and disclosure of "Confidential Questionnaire Information." Except for the limited disclosure permitted by this Authorization, the Claimant does not waive, but expressly asserts, his or her rights under any confidentiality provisions applicable under the bankruptcy plan of reorganization, Trust agreement, or Trust distribution procedures under which any given Trust was created or operates.

This Authorization does not permit any Trust to release any information whatsoever, other than a copy of any claim form submitted to any of the listed Trusts by or on behalf of the Claimant (or the equivalent information as to Trust claims filed with Trusts electronically), as well as any attached documents such as deposition transcripts, affidavits, invoices, etc. Without limiting the generality of the foregoing two sentences, the Authorization does not permit any Trust to release information concerning the status of any claim, settlement of any claim, or payment of any claim.

Name of Claimant: _____

Claimant Social Security No.: _____

Name of Injured Party: _____

Injured Party Social Security No.: _____

Signature of Claimant or attorney authorized to execute this document for Claimant:

Name of signing attorney,
if applicable:

Date:

Attachment: List of Asbestos Settlement Trusts

Attachment to Exhibit 1: List of Trusts Referenced in Claimants' Optional Authorization for Debtors' Counsel to Obtain Trust Records

Trusts	
A&I Corporation Asbestos Bodily Injury Trust	NGC Bodily Injury Trust
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	North American Refractories Company Asbestos Personal Injury Settlement Trust
A-Best Asbestos Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)
AC&S Asbestos Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)
Amatex Asbestos Disease Trust Fund	Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust
APG Asbestos Trust	Plant Insulation Company Asbestos Settlement Trust
API, Inc. Asbestos Settlement Trust	PLI Disbursement Trust
Armstrong World Industries Asbestos Personal Injury Settlement Trust	Plibrico Asbestos Trust
ARTRA 524(g) Asbestos Trust	Porter Hayden Bodily Injury Trust
ASARCO LLC Asbestos Personal Injury Settlement Trust	Quigley Company, Inc. Asbestos Personal Injury Trust
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	Raytech Corporation Asbestos Personal Injury Settlement Trust
Bartells Asbestos Settlement Trust	Rock Wool Mfg Company Asbestos Trust
Brauer 524(g) Asbestos Trust	Rutland Fire Clay Company Asbestos Trust
Burns and Roe Asbestos Personal Injury Settlement Trust	Shook & Fletcher Asbestos Settlement Trust
C. E. Thurston & Sons Asbestos Trust	Skinner Engine Co. Asbestos Trust
Celotex Asbestos Settlement Trust	SPHC Asbestos Personal Injury Trust
Christy Refractories Asbestos Personal Injury Trust	State Insulation Corporation Asbestos PI Trust
Combustion Engineering 524(g) Asbestos PI Trust	Stone and Webster Asbestos Trust
Congoleum Plan Trust	Swan Asbestos and Silica Settlement Trust
DII Industries, LLC Asbestos PI Trust	T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust
Durabla Manufacturing Company Asbestos Trust	Thorpe Insulation Company Asbestos Personal Injury Settlement Trust
Eagle-Picher Industries Personal Injury Settlement Trust	United Gilsonite Laboratories Asbestos Personal Injury Trust
Federal Mogul U.S. Asbestos Personal Injury Trust	United States Gypsum Asbestos Personal Injury Settlement Trust
Flintkote Asbestos Trust	United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust
Forty-Eight Insulations Qualified Settlement Trust	United States Mineral Products Company Asbestos Personal Injury Settlement Trust
Fuller-Austin Asbestos Settlement Trust	UNR Asbestos-Disease Claims Trust
G-I Asbestos Settlement Trust	Utex Industries, Inc. Successor Trust
GST Settlement Facility	Wallace & Gale Company Asbestos Settlement Trust
H. K. Porter Asbestos Trust	Western MacArthur-Western Asbestos Trust
Hercules Chemical Company, Inc. Asbestos Trust	WRG Asbestos PI Trust
J.T. Thorpe Settlement Trust	Yarway Asbestos Personal Injury Trust
JT Thorpe Company Successor Trust	
Kaiser Asbestos Personal Injury Trust	
Keene Creditors Trust	
Leslie Controls, Inc. Asbestos Personal Injury Trust	
Lykes Tort Claims Trust	
M. H. Detrick Company Asbestos Trust	
Manville Personal Injury Settlement Trust	
Metex Asbestos PI Trust	
Motors Liquidation Company Asbestos Personal Injury Trust	
Muralo Trust	

**EXHIBIT B.1 TO ORDER PURSUANT TO BANKRUPTCY RULE 2004 DIRECTING
SUBMISSION OF PERSONAL INJURY QUESTIONNAIRES BY PENDING
MESOTHELIOMA CLAIMANTS AND GOVERNING THE CONFIDENTIALITY OF
RESPONSES**

**Re: *In re Bestwall LLC*
Case No. 17-31795 (LTB)
United States Bankruptcy Court
for the Western District of North Carolina**

Instructions: *This joinder must be executed by an authorized representative of any corporation, partnership, company, or firm required to execute a joinder pursuant to paragraph 5.h of the above-referenced Order.*

A C K N O W L E D G E M E N T

On behalf of my employer, _____ [name of employer] (“**Employer**”), I and other employees, agents, and representatives of Employer may be given access to Questionnaire Responses. Each and every Questionnaire Response constitutes confidential and protected information in connection with the above-referenced *Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants and Governing the Confidentiality of Responses* (the “**Questionnaire Order**”), entered by the United States Bankruptcy Court for the Western District of North Carolina (the “**Bankruptcy Court**”) in the above-referenced chapter 11 case. Capitalized terms used in this Acknowledgment but not otherwise defined herein shall have the meanings ascribed to them in the Questionnaire Order.

I have read the Questionnaire Order on behalf of Employer as part of performing its duties to _____ [name of the Party or other client for whom Employer is rendering services in connection with the bankruptcy case]. I understand the conditions and obligations of confidentiality, and use restrictions, that the Questionnaire Order makes applicable to Questionnaire Responses. By my signature below, Employer, for itself and all of its employees, agents, and representatives who receive access to Questionnaire Responses, hereby accepts and agrees to be bound by, and to abide by, those conditions, obligations, and restrictions. On Employer’s behalf, I represent that Employer has made, or will make the Questionnaire Order and this joinder known in advance to all of Employer’s employees, agents, and representatives who are to receive access to Questionnaire Responses, so that they will be on notice of Employer’s duties in connection therewith and their own responsibilities to ensure compliance with the Questionnaire Order.

Employer, its employees, agents, and representatives will not disclose any Questionnaire Responses to any person not authorized by the Questionnaire Order, or further order of the Bankruptcy Court, to receive such information. They will not use Questionnaire Responses for any purpose other than those permitted by the Questionnaire Order, except as may be specifically authorized by further order of the Bankruptcy Court pursuant to paragraph 17 of the Questionnaire Order.

Pursuant to paragraph 16 of the Questionnaire Order, Employer will destroy or cause to be destroyed all Questionnaire Responses within one year of the date of substantial consummation of a confirmed Chapter 11 plan of reorganization for the Debtor (the “**Plan**”), and will promptly certify such destruction in writing to counsel of record for the Debtor, the Reorganized Debtor, the ACC, and the FCR, unless relieved of that obligation by a specific provision of the Plan authorizing Employer to turn over Questionnaire Responses to an asbestos settlement trust created pursuant to the Plan.

Employer and I (in my individual capacity and my capacity as a representative of Employer) consent to the exclusive jurisdiction and venue of the Bankruptcy Court for any action to interpret, apply, and enforce the terms of the Questionnaire Order and this joinder.

I represent that I am duly authorized to execute this joinder on behalf of Employer.

By: _____
Print Name: _____
Title: _____
Employer: _____
Address: _____

Dated: _____
Relationship to Employer: _____

**EXHIBIT B.2 TO ORDER PURSUANT TO BANKRUPTCY RULE 2004 DIRECTING
SUBMISSION OF PERSONAL INJURY QUESTIONNAIRES BY PENDING
MESOTHELIOMA CLAIMANTS AND GOVERNING THE CONFIDENTIALITY OF
RESPONSES**

**Re: *In re Bestwall LLC*
Case No. 17-31795 (LTB)
United States Bankruptcy Court
for the Western District of North Carolina**

Instructions: *This joinder must be executed by any individual required to execute a joinder in his or her individual capacity pursuant to paragraph 5.h of the above-referenced Order (for example, a self-employed expert or a witness).*

A C K N O W L E D G E M E N T

I may be given access to certain confidential and protected information in connection with the above-referenced *Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants and Governing the Confidentiality of Responses* (the “**Questionnaire Order**”), entered by the United States Bankruptcy Court for the Western District of North Carolina (the “**Bankruptcy Court**”) in the above-referenced Chapter 11 case.

I have read the Questionnaire Order. Capitalized terms used in this joinder but not otherwise defined herein shall have the meanings ascribed to them in the Questionnaire Order. I understand the conditions and obligations of confidentiality, and use restrictions, that the Questionnaire Order makes applicable to Questionnaire Responses and hereby accept and agree to be bound by, and to abide by, those conditions, obligations, and restrictions.

I will not disclose any Questionnaire Responses to any person not authorized by the Questionnaire Order, or further order of the Bankruptcy Court, to receive such information. I will not use Questionnaire Responses for any purpose other than those permitted by the Questionnaire Order, except as may be specifically authorized by further order of the Bankruptcy Court pursuant to paragraph 17 of the Questionnaire Order.

Pursuant to paragraph 16 of the Questionnaire Order, I will destroy all Questionnaire Responses within one year of the date of substantial consummation of a confirmed Chapter 11 plan of reorganization for the Debtor (the “**Plan**”), and will promptly certify such destruction in writing to counsel of record for the Debtor, the Reorganized Debtor, the ACC, and the FCR, unless relieved of that obligation by a specific provision of the Plan authorizing me to turn over Questionnaire Responses to an asbestos settlement trust created pursuant to the Plan.

I consent to the exclusive jurisdiction and venue of the Bankruptcy Court for any action to interpret, apply, and enforce the terms of the Questionnaire Order and this joinder.

By: _____
Print Name: _____
Title: _____
Employer: _____
Address: _____

Dated: _____